

**Town of Red Hook Recreation Commission**  
**7340 South Broadway, Red Hook, NY 12571**  
**Telephone: 845-758-4625, Fax: 845-758-5313**

**Accident/Incident Report**

(Please Print)

Date of Accident/Incident: \_\_\_\_\_  
Month/Day/Year

Time of Occurrence: \_\_\_\_\_

Specific Location  
of Occurrence: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_  
\_\_\_\_\_

Participant Telephone #: \_\_\_\_\_  
(Area Code) - Exchange - Number

Describe briefly how the Accident/Incident Occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_  
Print Name Telephone # (Area Code) - Exchange - Number

\_\_\_\_\_  
Print Name Telephone # (Area Code) - Exchange - Number

Were Parents/Guardians Notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time: \_\_\_\_\_

Name of Parent/Guardian Contacted: \_\_\_\_\_

First Aid Given? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe actions taken:  
\_\_\_\_\_  
\_\_\_\_\_

Was Medical Care Provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

Name and Address of Physician: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Hospital: \_\_\_\_\_  
\_\_\_\_\_

Name/Signature of person making report: \_\_\_\_\_  
Print Name Signature

Date Accident/Incident Report Submitted: \_\_\_\_\_  
Month/Day/Year